

# Purchase Voucher



Agency: 529

TEXAS HEALTH AND HUMAN SERVICES COMMISSION

Voucher Number : 01078248

USAS Doc Number :

TCode : AP-225-STD

Origin : ONL

Payee ID/Check/Mail : 1760802397/8/000

Payee Name / Address:

TEXAS PREGNANCY CARE NETWORK  
1101 S CAPITAL OF TEXAS HWY  
STE K250  
WEST LAKE HILLS,TX 78730-5115

Freight Amount:	\$0.00
Gross Amount (includes Frt.):	\$762,500.00
Discount Amt Taken:	\$0.00
Payment Amount:	<b>\$762,500.00</b>

FOLD HERE

Line	PO ID	PCC	RTI	Invoice ID	Invoice Description	AMOUNT			
1	0000088840	0		TPCN 12.7	TPCN 12.7 (Fulfill the terms of contract)	\$762,500.00			
<u>ShipTo ID</u>		Non-HHSAS Cntrct ID							
2010					Invoice DT: 02/25/16 Req'd Pay DT: 3-31-16				
	Contract #	Wkfc	Org PmtDt	IC	RC	Inv Recv'd DT: 02/29/16 Pay Due DT: 04/30/16			
	529-10-0013-00001	N				Service DT: 03/31/16 P O DT: 11/12/15			
1.1	Account	Entry Event	Fund	Dept.	Program	Class	Budget Ref	Pri/Grant	Amount
1.1	725300		0001	716	5016	03138	2016	TANF100F	\$762,500.00
	Conf:N						Certified Amt:	0.00	

Descriptive Legal Text (DLT Comments):

I approved this voucher for payment. The above goods or services correspond in every particular with the contract under which they were purchased. The invoice for the goods or services is correct. The payment complies with the General Appropriations Act.

MAR 28 2016

03/15/2016

Approved By	Approver Phone(Area+Number)	Date Approved	DateEntered into HHSAS
			Kulkarni,Anjali Narayan
Approved By	Approver Phone(Area+Number)	Date Approved	Entered By
Contact Name		Contact Phone(Area+Number)	

01078248

MAR 14 2016

IHSC Access &amp; Services

# Contract Vendor Invoice Payment Request



IHSC Office of Social Services  
Community Access & Services

## Alternatives to Abortion-Texas Pregnancy Care Network

The attached invoice is approved for payment.

Invoice Date:	12/25/2015		
Invoice Number:	TPCN111111		
Dept. ID/Speedchart:	5716		
Object Code:	725300		
Contract Number:	4529-10001500001F		
Contract Name:	Texas Pregnancy Care Network		
TIN:	760802397		
Mail Code:			
Purchase Order Number:	52900061800008840		
Month of Service:	March 2016	Amount:	\$ 762,500.00
Month of Service:		Amount:	
Month of Service:		Amount:	

Invoice Received Date:	1/16/2016	Total Amount:
Payment Due On or Before:	1/31/2016	\$762,500.00

CONTACT		DATE
Preparer's Name:	Andrea Costley	3/1/2016
Preparer's Phone:	512-206-5624	

FINANCIAL MANAGER		DATE
Beth Zahn	<i>B. Zahn</i>	3/1/2016

SIGN-OFF		DATE
Agency Contact/Preparer's Signature:	<i>M</i>	

JMB  
3/14/16



## Texas Pregnancy Care Network (TPCN)

## INVOICE

**Billing Office:**

Texas Pregnancy Care Network (TPCN)  
1101 S. Capital of Texas Highway  
Building K, Suite 250  
Austin, TX 78746

**Remittance Address:**

Texas Pregnancy Care Network  
1101 S. Capital of Texas Highway  
Building K, Suite 250  
Austin, TX 78746

**Billing Address:**

Andrea Costley  
Texas Health and Human Services Commission  
909 W. 45<sup>th</sup> Street  
Building 555, MC 2010  
Austin, TX 78751

**Taxpayer ID No.** 76-0802397

Amounts due may be remitted  
by Electronic Funds

**To:** Business Bank of Texas, N.A.  
1910 W. Braker Ln

Building 3, Suite 100  
Austin, TX 78758

**Routing No.** 114925615

**Account:**

Texas Pregnancy Care Network  
1005126

**Invoice Number:** TPCN-12.7**Invoice Date:** February 25, 2016**Due Date:** March 31, 2016**For Professional Services Rendered:****RE:****Contract Number:** 529-10-0013-00001F

TPCN is submitting this invoice according to the terms of Section 1.06 of the Amended Agreement between TPCN and HHSC executed on or about February 29, 2016 (attached).

**Payment 12.7:** Project Admin; Statewide Information, Outreach, Education & Referral Programs & Services and Client Services

**Due Date:** March 31, 2016

\$762,500.00

---

Amount Due	\$762,500.00
------------	--------------

***Section 1.06 Modification to Section 4.02 General Payment Terms.***

This is a modification to Section 4.02 of the Original Agreement. HHSC shall pay the CONTRACTOR an amount not to exceed \$762,500.00 per month for the months of March 2016 through May 2016 for the work performed in accordance to this Amendment.

***(a) Payment Methodology***

HHSC shall pay the CONTRACTOR an amount not to exceed \$762,500.00 per month for the months of March 2016 through May 2016 as applicable.

***(b) Payment Schedule***

Payment No.	Description	Due Date	Amount
12.7	Project Admin, Statewide Information, Outreach, Education & Referral Programs & Services and Client Services	March 31, 2016	\$762,500.00
12.8	Project Admin, Statewide Information, Outreach, Education & Referral Programs & Services and Client Services	April 30, 2016	\$762,500.00
12.9	Project Admin, Statewide Information, Outreach, Education & Referral Programs & Services and Client Services	May 31, 2016	\$762,500.00

**ARTICLE II. REPRESENTATIONS AND AGREEMENT OF THE PARTIES**

The Parties hereto contract and agree that the terms of the Original Agreement, Amendment One, Two, Three, Four and Five shall remain in effect and continue to govern except to the extent modified herein. By signing this Amendment Six, the Parties expressly understand and agree that Amendment Six is hereby made a part of the Original Agreement as though it were set out word for word therein.

# Health & Human Services Commission

## Purchase Order CHANGE ORDER

Dispatch via Print

Payment Terms	Freight Terms	Ship Via	Purchase Order	52900-6-0000088840
Net 30 FOB Dest. Prepaid & All BEST WAY			Date	Revision
<b>If advertised by informal bid, Invitation for Offer, or Request for Proposal; all specifications, terms, and conditions set forth in the advertisement and vendor's conforming responses become a part of this numbered purchase order. Contractor guarantees goods or services delivered meet or exceed numbered purchase order requirements.</b>			11/12/2015	3 - 03/11/2016
<b>All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.</b>			Ship To:	CAS, Family Violence & Refugee HEALTH & HUMAN SERVICES COMMISSION 909 W 45th St PO Box 12668 Austin TX 78751 United States

Vendor: 1760802397  
**TEXAS PREGNANCY CARE NETWORK**  
 1101 S CAPITAL OF TEXAS HWY  
 STE K250  
 WEST LAKE HILLS TX 78730-5115

Bill To: Invoice-HHSC Accounting  
 HEALTH & HUMAN SERVICES COMMISSION  
 4900 N Lamar Blvd  
 Austin TX 78751  
 United States  
 Phone: 512-424-6518  
 Fax: 512-424-6901  
 Email: HHSC\_AP@hhsc.state.tx.us

Line-Sch	Inventory Item ID - Line Description	Class-Item	Quantity UOM	PO Price	Extended Amt	Due Date
1- 1	Fulfill the terms of contract number 529-10-0013-00001E from dates 09/01/2015 through 02/29/2016	962-58	1.00LOT	3,050,000.00000	3,050,000.00	11/12/2015
				Schedule Total	<u>3,050,000.00</u>	
	Contract ID: 529-10-0013-00001	Contract Line: 0	Release: 8			
				Item Total for Line	<u>1</u>	<u>3,050,000.00</u>
2- 1	Fulfill the terms of contract number 529-10-0013-00001F from dates 09/01/2015 through 05/31/2016	952-01	1.00LOT	2,287,500.00000	2,287,500.00	03/16/2016
				Schedule Total	<u>2,287,500.00</u>	
	Contract ID: 529-10-0013-00001	Contract Line: 0	Release: 9			
				Item Total for Line	<u>2</u>	<u>2,287,500.00</u>
				Total PO Amount	<u>5,337,500.00</u>	

No substitutions or cancellations are permitted without prior approval by Health & Human Services Commission. If contractor fails to deliver by promised delivery date (or reasonable time thereafter) or fails to meet requirements, Health & Human Services Commission reserves the right to purchase elsewhere and charge an increased cost and handling to contractor.

Overshipments will not be accepted unless authorized by Buyer prior to shipment. The dispute resolution process provided for in Chapter 2260 of the Texas Government Code must be used by the Health & Human Services Commission and Contractor to attempt to resolve all disputes arising under the contract.

UNAUTHORIZED